

Arts Council Napa Valley Arts in Education

Artist Application
2009-2010

Please type or print. For assistance, please call ACNV at 707-257-2117 or email kate@artscouncilnv.org.

PART A – ARTIST INFORMATION

Name: _____ Medium/Art Form _____

Address _____ Phone _____

City _____ Fax _____

State _____ Zip Code _____ Languages Spoken _____

Social Security/Tax ID # _____

Email _____

PART B – PROFESSIONAL EXPERIENCE

Grade level preferences: K-3 4-6 7-9 10-12

1) Summarize your work as a professional artist including any workshops/courses you have taught.

2) Describe your experience and/or qualifications for working with youth.

3) Describe your experience working with special populations: multi-cultural, gifted and talented, physically or mentally challenged, emotionally disturbed, at-risk youth.

PART C – CONTENT STANDARDS

1) Are you familiar with the California standards for Visual and Performing Arts (VAPA)?

- Yes No

If YES:

a) Please specify any trainings or work sessions you have attended regarding VAPA.

b) Briefly indicate how you can relate your workshops to the VAPA standards.

2) Please list any training you would like to receive to become a more effective AIE artist.

PART D – Supplemental Material

- Current resume
- Fingerprinting information
- Two letters of recommendation
- Three professional references reflecting recent experience (last 5 years)

1. Name _____ Phone _____

2. Name _____ Phone _____

3. Name _____ Phone _____

PART E – Other

I certify that I am a current member of Arts Council Napa Valley and that the information contained in this application is accurate.

Signature

Date

Printed Name

Other Comments: